



Incoming Transfer/Direct Rollover Governmental 457(b) Plan

Do not complete the Investment Option Information portion of this form if you elected to have your account professionally managed by Advised Assets Group, LLC ("AAG"). If you have not yet elected to have your account professionally managed by AAG and would like to enroll in the Managed Accounts Service, call 1-800-457-1028.

State of Vermont Deferred Compensation Plan

98980-01

Participant Information

Last Name			First Name			MI			Social Security Number										
Address - Number & Street												E-Mail Address							
City				State		Zip Code				Mo		Day		Year		<input type="checkbox"/> Female		<input type="checkbox"/> Male	
() Home Phone						() Work Phone						Date of Birth		<input type="checkbox"/> Married		<input type="checkbox"/> Unmarried			

Payroll Information

Payroll Center Name						Payroll Center Number					
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Transfer/Direct Rollover Information

I am choosing a:

- Transfer from a governmental 457(b) plan.
- Direct Rollover from a governmental 457(b) plan.
- Direct Rollover from a qualified:
 - 401(a) plan
 - 401(k) plan
 - 403(b) plan
- Direct Rollover from a Traditional IRA. (Non-deductible contributions/basis may not be rolled over.)

Rollovers from IRC 401(a), 401(k) and 403(b) plans and from IRA's that are less than \$10,000.00 will be subject to a quarterly fee of \$6.25.

Previous Provider Information:

Company Name						Account Number											
Mailing Address												()					
City/State/Zip Code						Phone Number											

Previous Provider must complete:

Employer/employee before-tax earnings and contributions: \$ _____

Note: Unless otherwise indicated, all amounts received will be considered employee before-tax contributions and earnings.

Amount of Transfer/Direct Rollover: \$ _____ (Enter approximate amount if exact amount is not known.)

Investment Option Information - Please refer to your communication materials for investment option designations.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

Select either existing ongoing allocations (A) or your own investment options (B).

(A) Existing Ongoing Allocations

- I wish to allocate this transfer/rollover the same as my existing ongoing allocations.

(B) Select Your Own Investment Options

Please Note: For automatic dollar cost averaging call KeyTalk® or access our Web site.



Last Name	First Name	MI	Social Security Number	
<u>INVESTMENT OPTION NAME</u>	<u>INVESTMENT OPTION CODE</u> (Internal Use Only)		<u>INVESTMENT OPTION NAME</u>	<u>INVESTMENT OPTION CODE</u> (Internal Use Only)
American Funds Growth Fund R5	RGAFX _____%		T. Rowe Price Retirement 2020 Fund	TRRBX _____%
Calvert Income Fund	CINCX _____%		T. Rowe Price Retirement 2030 Fund	TRRCX _____%
Dodge & Cox Balanced Fund	DC-BAL _____%		T. Rowe Price Retirement 2040 Fund	TRRDY _____%
Dodge & Cox International Stock Fund	DODFX _____%		T. Rowe Price Retirement Income Fund	TRRIX _____%
Calvert Social Investment Bond Fund A	CSIBX _____%		T. Rowe Price Small-Cap Stock Fund	TR-OTC _____%
Lazard Emerging Markets Instl	LZEMX _____%		T. Rowe Price Equity Income Fund	TR-EIF _____%
FPA New Income Fund	FPNIX _____%		Vanguard FTSE Social Index Instl	VFTNX _____%
Pax World Balanced Fund - Ind	PX-WOR _____%		Vanguard Institutional Index Fund	VG-IND _____%
Vanguard Mid Cap Index - Instl	VMCIX _____%		State of Vermont Stable Value Fund	VTSVF _____%
T. Rowe Price Retirement 2010 Fund	TRRAX _____%			
			MUST INDICATE WHOLE PERCENTAGES	= 100%

Participant Acknowledgements

Advised Assets Group, LLC - If I have elected to have my account professionally managed by Advised Assets Group, LLC and this form is submitted, my election to have my account professionally managed will override the investment allocation requested on this form until such time as I revoke or amend my election to have my account professionally managed.

General Information - I understand that only certain types of distributions are eligible for transfer/rollover treatment and that it is solely my responsibility to ensure such eligibility. By signing below, I affirm that the funds I am transferring/rolling are in fact eligible for such treatment.

I authorize these funds to be transferred into my employer's Plan and to be invested according to the information specified in the Investment Option Information section.

If the investment option information is missing or incomplete, I authorize Service Provider to allocate the transfer/direct rollover assets ("assets") the same as my ongoing contributions (if I have an account established) or to the default investment option selected by my Plan (if I do not have an account established). If no default investment option is selected, the funds will be returned to the payor as required by law. If my assets are received more than 180 calendar days after Service Provider receives this Incoming Transfer/Direct Rollover form (this "form"), I authorize Service Provider to allocate all monies received the same as my ongoing allocation election on file with Service Provider. I understand I must call KeyTalk® or access the Web site in order to make changes or transfer monies from the default investment option. The assets will be processed on the day this form is received. I understand that this completed form must be received by Service Provider at the address below.

I understand that the current Custodian/Provider may require that I furnish additional information before processing the transaction requested on this form, and Service Provider is not responsible for determining the status of any transaction that I have requested. It is entirely my responsibility to provide the current Custodian/Provider with any information that they may require, and/or to notify Service Provider of any information that the current Custodian/Provider may wish to obtain in order to effect the transaction.

Withdrawal Restrictions - I understand that the Internal Revenue Code and/or my employer's Plan Document may impose restrictions on transfers, direct rollovers and/or distributions. I understand that I must contact the Plan Administrator/Trustee, if applicable, to determine when and/or under what circumstances I am eligible to receive distributions or make transfers/direct rollovers.

Investment Options - I understand that by signing and submitting this form for processing, I am requesting to have investment options established under the Plan as specified in the Investment Option Information section. I understand and agree that this account is subject to the terms of the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that investment option information, including prospectuses, disclosure documents and Fund Profile sheets, have been made available to me and I understand the risks of investing.

Account Corrections - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days, the correction will only be processed from the date of notification forward and not on a retroactive basis.

Payment Instructions

Make check payable to:
ORCHARD TRUST COMPANY, LLC

Include the following information on the check:
Participant Name, Social Security Number,
Plan Number, Plan Name

Wire instructions:
Bank: US Bank
Account of: Orchard Trust Company, LLC
Account no: 103655774323
Routing transit no: 102000021
Attention: Financial Control
Reference: Participant Name, Social Security Number,
Plan Number, Plan Name

**Regular mail address for the check and form
(if mailed together):**
ORCHARD TRUST COMPANY, LLC
Dept. 0877
Denver, CO 80256-0877

**Overnight mail address for the check and form
(if mailed together):**
US Bank
3550 Rockmont Dr
Mail Stop DN-CO-OCLB Dept #0877
Denver, CO 80202
Contact: Great-West Retirement Services®
Phone #: 1-800-457-1028

If sending the "form" only, please fax to 1-866-745-5766 or follow the mailing instructions above. Please remember that this form needs to arrive prior to or at the same time the funds arrive to invest according to the allocations on this form.

Last Name

First Name

MI

Social Security Number

Required Signature(s) and Date

Participant Consent

My signature indicates that I have read, understand the effect of my election and agree to all pages of this Incoming Transfer/Direct Rollover form. I affirm that all information provided is true and correct. I understand that Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at: <http://www.ustreas.gov/offices/eotffc/ofac>.

Participant Signature

Date

Participant forward or fax as shown above
in the Payment Instructions section

Great-West Retirement Services[®] refers to products and services provided by Great-West Life & Annuity Insurance Company, FASCore, LLC (FASCore Administrators, LLC in California), First Great-West Life & Annuity Insurance Company, White Plains, New York, and their subsidiaries and affiliates. Great-West Life & Annuity Insurance Company is not licensed to conduct business in New York. Insurance products and related services are sold in New York by its subsidiary, First Great-West Life & Annuity Insurance Company. Other products and services may be sold in New York by FASCore, LLC.